



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

HealthLink HMO, Inc.

NAIC Group Code06710671NAIC Company Code96475Employer's ID Number43-1616135
(Current)(Prior)

Organized under the Laws ofMissouri, State of Domicile or Port of EntryMissouri

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized07/29/1992Commenced Business01/14/1993

Statutory Home Office1831 Chestnut StreetSt. Louis , MO 63103-2275
(Street and Number)(City or Town, State and Zip Code)

Main Administrative Office1831 Chestnut Street
(Street and Number)
St. Louis , MO 63103-2275314-923-4444
(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Mail Address6775 W. Washington StreetMilwaukee , WI 53214
(Street and Number or P.O. Box)(City or Town, State and Zip Code)

Primary Location of Books and Records6775 W. Washington Street
(Street and Number)
Milwaukee , WI 53214414-459-6833
(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.healthlink.com

Statutory Statement ContactBrenda J Buss414-459-6833
(Name)(Area Code) (Telephone Number)
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(E-mail Address)(FAX Number)

OFFICERS

PresidentDennis William Casey

TreasurerRobert David Kretschmer

SecretaryKathleen Susan Kiefer #

Assistant SecretaryDavid Michael Henley

OTHER

DIRECTORS OR TRUSTEES

Wayne Scott DeVeydt

Dennis William Casey

Catherine Irene Kelaghan

State ofMissouri

County ofSt. Louis

SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Dennis William CaseyPresident

Kathleen Susan KieferSecretary

Robert David KretschmerTreasurer

Subscribed and sworn to before me this

day of

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	23,647,138		23,647,138	22,192,332
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$(1,428,271) , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$419,171 , Schedule DA)	(1,009,100)		(1,009,100)	3,554,358
6. Contract loans, (including \$ premium notes)			0	0
7. Other invested assets (Schedule BA)			0	0
8. Receivables for securities			0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	22,638,038	0	22,638,038	25,746,690
11. Title plants less \$ charged off (for Title insurers only)			0	0
12. Investment income due and accrued	9,641	0	9,641	5,875
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection			0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
13.3 Accrued retrospective premiums			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	0
14.2 Funds held by or deposited with reinsured companies			0	0
14.3 Other amounts receivable under reinsurance contracts			0	0
15. Amounts receivable relating to uninsured plans	31,563	6,621	24,942	28,034
16.1 Current federal and foreign income tax recoverable and interest thereon			0	0
16.2 Net deferred tax asset	213,532	103,979	109,553	144,581
17. Guaranty funds receivable or on deposit			0	0
18. Electronic data processing equipment and software			0	0
19. Furniture and equipment, including health care delivery assets (\$)			0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
21. Receivables from parent, subsidiaries and affiliates	1,361,428	560,409	801,019	769,881
22. Health care (\$) and other amounts receivable			0	0
23. Aggregate write-ins for other than invested assets	86,788	48,989	37,799	5,579
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	24,340,990	719,998	23,620,992	26,700,640
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	24,340,990	719,998	23,620,992	26,700,640
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. Provider Admin Fee Receivable	48,989	48,989	0	5,579
2302. State Income Tax Current Receivable	37,799		37,799	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	86,788	48,989	37,799	5,579

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 2,539 reinsurance ceded)			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	11,312		11,312	5,111
9. General expenses due or accrued	3,022		3,022	79,058
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	502,293		502,293	2,163,704
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittance and items not allocated	15,258		15,258	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	100,170		100,170	62,122
16. Payable for securities			0	0
17. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ 0 unauthorized reinsurers)			0	0
18. Reinsurance in unauthorized companies			0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
20. Liability for amounts held under uninsured plans			0	8,440
21. Aggregate write-ins for other liabilities (including \$ 9,714 current)	21,407	0	21,407	22,402
22. Total liabilities (Lines 1 to 21)	653,462	0	653,462	2,340,837
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX	1,000	1,000
25. Preferred capital stock	XXX	XXX		
26. Gross paid in and contributed surplus	XXX	XXX	2,499,000	2,499,000
27. Surplus notes	XXX	XXX	0	
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	20,467,530	21,859,804
30. Less treasury stock, at cost:				
30.1 shares common (value included in Line 24 \$)	XXX	XXX		
30.2 shares preferred (value included in Line 25 \$)	XXX	XXX		
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	22,967,530	24,359,804
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	23,620,992	26,700,641
DETAILS OF WRITE-INS				
2101. Other Payables			0	1,002
2102. Escheat	21,407		21,407	21,400
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198)(Line 21 above)	21,407	0	21,407	22,402
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	XXX	XXX	0	0
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898)(Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	261	264
2. Net premium income (including \$ non-health premium income)	XXX	75,070	106,017
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	25,271	37,897
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	100,341	143,914
Hospital and Medical:			
9. Hospital/medical benefits	0	61,624	114,994
10. Other professional services		0	0
11. Outside referrals		0	0
12. Emergency room and out-of-area		0	0
13. Prescription drugs	0	267	(2,258)
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts		0	0
16. Subtotal (Lines 9 to 15)	0	61,891	112,736
Less:			
17. Net reinsurance recoveries	0	61,891	107,555
18. Total hospital and medical (Lines 16 minus 17)	0	0	5,181
19. Non-health claims (net)			0
20. Claims adjustment expenses, including \$245,955 cost containment expenses	0	247,709	64,874
21. General administrative expenses	0	(16,998,629)	(17,363,183)
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	(16,750,920)	(17,293,128)
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	16,851,261	17,437,042
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	746,249	1,002,964
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Lines 25 plus 26)	0	746,249	1,002,964
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	17,597,510	18,440,006
31. Federal and foreign income taxes incurred	XXX	6,146,430	6,458,162
32. Net income (loss) (Lines 30 minus 31)	XXX	11,451,080	11,981,844
DETAILS OF WRITE-INS			
0601. Provider Admin Fees	XXX	25,271	37,897
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	25,271	37,897
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	24,359,804	24,963,584
34. Net income or (loss) from Line 32	11,451,080	11,981,844
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(72,660)	253,114
39. Change in nonadmitted assets	229,306	(838,738)
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(13,000,000)	(12,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(1,392,274)	(603,780)
49. Capital and surplus end of reporting period (Line 33 plus 48)	22,967,530	24,359,804
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	81,271	111,128
2. Net investment income	738,837	1,048,504
3. Miscellaneous income	25,271	37,897
4. Total (Lines 1 through 3)	845,379	1,197,529
5. Benefit and loss related payments	0	1,143
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	(16,680,165)	(17,307,662)
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	7,807,841	4,813,987
10. Total (Lines 5 through 9)	(8,872,324)	(12,492,532)
11. Net cash from operations (Line 4 minus Line 10)	9,717,703	13,690,061
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	20,692,000
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	20,692,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,451,160	22,948,707
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,451,160	22,948,707
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(1,451,160)	(2,256,707)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	13,000,000	12,000,000
16.6 Other cash provided (applied)	169,999	(461,717)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(12,830,001)	(12,461,717)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(4,563,458)	(1,028,363)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	3,554,358	4,582,721
19.2 End of year (Line 18 plus Line 19.1)	(1,009,100)	3,554,358

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	75,070	75,070								
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0								0	XXX
5. Aggregate write-ins for other health care related revenues	25,271	0	0	0	0	0	0	0	25,271	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	100,341	75,070	0	0	0	0	0	0	25,271	0
8. Hospital/medical benefits	61,624	61,624								XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	267	0							267	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	61,891	61,624	0	0	0	0	0	0	267	XXX
16. Net reinsurance recoveries	61,891	61,891								XXX
17. Total medical and hospital (Lines 15 minus 16)	0	(267)	0	0	0	0	0	0	267	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$245,955 cost containment expenses	247,709	0							247,709	
20. General administrative expenses	(16,998,629)	379							(16,999,008)	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	(16,750,920)	112	0	0	0	0	0	0	(16,751,032)	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	16,851,261	74,958	0	0	0	0	0	0	16,776,303	0
DETAILS OF WRITE-INS										
0501. Provider Admin Fees	25,271	0							25,271	XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	25,271	0	0	0	0	0	0	0	25,271	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	145,294		70,224	75,070
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	145,294	0	70,224	75,070
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	145,294	0	70,224	75,070

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	67,163	67,163								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	67,175	67,175								
1.4 Net	(12)	(12)	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,539	2,539	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	2,539	2,539	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	(12)	(12)								
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	7,823	7,823	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	7,823	7,823	0	0	0	0	0	0	0	0
8.4 Net	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	61,891	61,891	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	61,891	61,891	0	0	0	0	0	0	0	0
12.4 Net	0	0	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	2,539	2,539								
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	2,539	2,539								
2.4 Net	0	0	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	2,539	2,539	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	2,539	2,539	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	(12)				(12)	
2. Medicare Supplement					0	
3. Dental Only					0	
4. Vision Only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare					0	
7. Title XIX - Medicaid					0	
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	(12)	0	0	0	(12)	0
10. Healthcare receivables (a)	(12)				(12)	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13. Totals (Lines 9 - 10 + 11 + 12)	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	4,080	4,080	4,080	4,080	4,080
2.	2005	2,592	2,654	2,654	2,654	2,654
3.	2006	XXX	2,278	2,601	2,261	2,261
4.	2007	XXX	XXX	1,722	1,718	1,718
5.	2008	XXX	XXX	XXX	5	5
6.	2009	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	4,065	4,080	4,080	4,080	4,080
2.	2005	2,740	2,726	2,654	2,654	2,654
3.	2006	XXX	2,778	2,261	2,261	2,261
4.	2007	XXX	XXX	1,722	1,718	1,718
5.	2008	XXX	XXX	XXX	5	5
6.	2009	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2005	2,350	2,654	237	8.9	2,891	123.0	0	0	2,891	123.0
2. 2006	1,684	2,261	249	11.0	2,510	149.0	0	0	2,510	149.0
3. 2007	346	1,718	2	0.1	1,720	497.1	0	0	1,720	497.1
4. 2008	106	5	65	1,300.0	70	66.0	0	0	70	66.0
5. 2009	75	0	248	0.0	248	330.7	0	0	248	330.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/3) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2005			NONE							
2. 2006										
3. 2007										
4. 2008										
5. 2009										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/3) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2005			NONE							
2. 2006										
3. 2007										
4. 2008										
5. 2009										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2005			NONE							
2. 2006										
3. 2007										
4. 2008										
5. 2009										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments (Col. 2/3)	(Col. 2/3) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2005			NONE							
2. 2006										
3. 2007										
4. 2008										
5. 2009										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2005			NONE							
2. 2006										
3. 2007										
4. 2008										
5. 2009										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2005			NONE							
2. 2006										
3. 2007										
4. 2008										
5. 2009										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	NONE				
2.	2005					
3.	2006					
4.	2007					
5.	2008					
6.	2009					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2005			NONE							
2. 2006										
3. 2007										
4. 2008										
5. 2009										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	4,080	4,080	4,080	4,080	4,080
2.	2005	2,592	2,654	2,654	2,654	2,654
3.	2006	XXX	2,278	2,601	2,261	2,261
4.	2007	XXX	XXX	1,722	1,718	1,718
5.	2008	XXX	XXX	XXX	5	5
6.	2009	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	4,065	4,080	4,080	4,080	4,080
2.	2005	2,740	2,726	2,654	2,654	2,654
3.	2006	XXX	2,778	2,261	2,261	2,261
4.	2007	XXX	XXX	1,722	1,718	1,718
5.	2008	XXX	XXX	XXX	5	5
6.	2009	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2005	2,350	2,654	237	8.9	2,891	123.0	0	0	2,891	123.0
2. 2006	1,684	2,261	249	11.0	2,510	149.0	0	0	2,510	149.0
3. 2007	346	1,718	2	0.1	1,720	497.1	0	0	1,720	497.1
4. 2008	106	5	65	1,300.0	70	66.0	0	0	70	66.0
5. 2009	75	0	248	0.0	248	330.7	0	0	248	330.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$) for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)	18,448	54	(4,849)		13,653
2. Salary, wages and other benefits	199,228	817	15,152		215,197
3. Commissions (less \$ ceded plus \$ assumed)					0
4. Legal fees and expenses	0	0	1,258		1,258
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	3,803	26	4,677		8,506
7. Traveling expenses	3,552	9	652		4,213
8. Marketing and advertising	97	0	210		307
9. Postage, express and telephone	5,227	19	1,155		6,401
10. Printing and office supplies	396	3	233		632
11. Occupancy, depreciation and amortization					0
12. Equipment	363	1	472		836
13. Cost or depreciation of EDP equipment and software	1,015	4	2,660		3,679
14. Outsourced services including EDP, claims, and other services	380	13	4,146		4,539
15. Boards, bureaus and association fees	0	0	412		412
16. Insurance, except on real estate	0	0	987		987
17. Collection and bank service charges	365	0	29		394
18. Group service and administration fees	4	753	443		1,200
19. Reimbursements by uninsured plans	0	0	(17,905,752)		(17,905,752)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses	154	0	2,978		3,132
22. Real estate taxes	0	0	564		564
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	899,313		899,313
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees	0	0	(26,089)		(26,089)
23.4 Payroll taxes	12,917	55	825		13,797
23.5 Other (excluding federal income and real estate taxes)	(2)	0	315		313
24. Investment expenses not included elsewhere				13,515	13,515
25. Aggregate write-ins for expenses	8	0	1,580	0	1,588
26. Total expenses incurred (Lines 1 to 25)	245,955	1,754	(16,998,629)	13,515	(a) .....(16,737,405)
27. Less expenses unpaid December 31, current year			3,022		3,022
28. Add expenses unpaid December 31, prior year	0	0	79,058	0	79,058
29. Amounts receivable relating to uninsured plans, prior year	0	0	45,284	0	45,284
30. Amounts receivable relating to uninsured plans, current year			31,562		31,562
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	245,955	1,754	(16,936,315)	13,515	(16,675,091)
DETAILS OF WRITE-INS					
2501. Other expenses	8	0	1,580		1,588
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	8	0	1,580	0	1,588

(a) Includes management fees of \$(17,703,423) to affiliates and \$0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) .....721,842	.....725,608
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....19,837	.....19,837
1.3	Bonds of affiliates	(a) .....	.....
2.1	Preferred stocks (unaffiliated)	(b) .....	.....
2.11	Preferred stocks of affiliates	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c) .....	.....
4.	Real estate	(d) .....	.....
5	Contract Loans .....	.....	.....
6	Cash, cash equivalents and short-term investments	(e) .....6,624	.....6,624
7	Derivative instruments	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....7,695	.....7,695
10.	Total gross investment income	755,998	759,764
11.	Investment expenses .....	.....	(g) .....13,515
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g) .....0
13.	Interest expense .....	.....	(h) .....0
14.	Depreciation on real estate and other invested assets .....	.....	(i)
15.	Aggregate write-ins for deductions from investment income .....	.....	.....0
16.	Total deductions (Lines 11 through 15) .....	.....	.....13,515
17.	Net investment income (Line 10 minus Line 16) .....	.....	746,249
DETAILS OF WRITE-INS			
0901.	Other Income .....	.....7,695	.....7,695
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	7,695	7,695
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	.....	0

(a) Includes \$7,237 accrual of discount less \$3,591 amortization of premium and less \$171 paid for accrued interest on purchases.

(b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.

(c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.

(e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.

(g) Includes \$. investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ interest on surplus notes and \$ interest on capital notes.

(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
DETAILS OF WRITE-INS						
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)		0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks		0	0
2.2 Common stocks		0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens		0	0
3.2 Other than first liens		0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company		0	0
4.2 Properties held for the production of income		0	0
4.3 Properties held for sale		0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)		0	0
6. Contract loans		0	0
7. Other invested assets (Schedule BA)		0	0
8. Receivables for securities		0	0
9. Aggregate write-ins for invested assets	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	0	0	0
11. Title plants (for Title insurers only)		0	0
12. Investment income due and accrued	0	0	0
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection		0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due		0	0
13.3 Accrued retrospective premiums		0	0
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers		0	0
14.2 Funds held by or deposited with reinsured companies		0	0
14.3 Other amounts receivable under reinsurance contracts		0	0
15. Amounts receivable relating to uninsured plans	6,621	17,250	10,629
16.1 Current federal and foreign income tax recoverable and interest thereon		0	0
16.2 Net deferred tax asset	103,979	141,611	37,632
17. Guaranty funds receivable or on deposit		0	0
18. Electronic data processing equipment and software		0	0
19. Furniture and equipment, including health care delivery assets		0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates		0	0
21. Receivable from parent, subsidiaries and affiliates	560,409	719,702	159,293
22. Health care and other amounts receivable		12	12
23. Aggregate write-ins for other than invested assets	48,989	70,729	21,740
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	719,998	949,304	229,306
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
26. Total (Lines 24 and 25)	719,998	949,304	229,306
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0
2301. Provider Admin Fee Receivable	48,989	70,729	21,740
2302.			
2303.			
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	48,989	70,729	21,740

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	22	22	22	22	21	261
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	22	22	22	22	21	261
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies**A. Accounting Practices**

The accompanying financial statements of HealthLink HMO, Inc. (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the State of Missouri Department of Insurance (the "Department"). The Department has adopted accounting policies found in the National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") as a component of prescribed accounting practices. Additionally, the Department has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, which impact the Company, specifically; limitations are placed on intercompany receivable balances. The Department has the right to permit other specific practices that deviate from prescribed practices. The Company has employed no permitted practices in preparing the accompanying statutory basis financial statements.

A reconciliation of the Company's capital and surplus as of December 31, 2009 and 2008, respectively, between NAIC SAP and practices prescribed by the Department is shown below:

	<u>2009</u>	<u>2008</u>
Statutory capital and surplus,		
Department basis	\$ 22,967,530	\$ 24,359,804
State prescribed practices:		
Nonadmittance of amounts due from		
affiliates pursuant to 382.195 of the		
Missouri Revised Statutes effective		
August 28, 2005	560,409	719,702
Statutory capital and surplus, NAIC SAP	<u>\$ 23,527,939</u>	<u>\$ 25,079,506</u>

For the years ended December 31, 2009 and 2008, there were no differences between the Company's net income under NAIC SAP and practices permitted or prescribed by the Department.

B. Use of Estimates in the Preparation of the Financial Statements

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policies

Health premiums are earned over the term of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written, and are computed by pro rata methods for direct business. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Premium rates for certain lines of business are subject to approval by the Department. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. All other costs, such as premium taxes and other underwriting expenses, are charged to operations as incurred.

NOTES TO FINANCIAL STATEMENTS

In addition, the Company uses the following accounting policies:

1. Short-term investments include investments with maturities of less than one year at the date of acquisition and are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
2. Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
3. The Company has no investments in common stocks of unaffiliated companies.
4. The Company has no investments in preferred stocks.
5. Mortgage loans on real estate– Not applicable.
6. Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
7. The Company has no investments in subsidiaries, controlled and affiliated companies.
8. The Company has no investments in joint ventures, partnerships and limited liability companies.
9. The Company has no derivative instruments.
10. The Company does not anticipate investment income as a factor in premium deficiency reserve calculations.
11. Unpaid claims and claims adjustment expenses include management's best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.
12. The Company has not modified its capitalization policy from the prior period.
13. Pharmacy rebate receivables are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms.

2. Accounting Changes and Corrections of Errors

A. Correction of Errors

There were no corrections of errors during the years ended December 31, 2009 and 2008.

3. Business Combinations and Goodwill

A. Statutory Purchase Method	Not applicable
B. Statutory Merger	Not applicable
C. Assumption Reinsurance	Not applicable
D. Impairment Loss	Not applicable

NOTES TO FINANCIAL STATEMENTS

4. Discontinued Operations

The Company had no operations that were discontinued during 2009 or 2008.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2009 or 2008.

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2009 or 2008.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2009 or 2008.

D. Loan-Backed Securities

The Company did not have loan-backed securities at December 31, 2009 or 2008.

E. Repurchase Agreements

The Company did not enter into repurchase agreements at December 31, 2009 or 2008.

F. Real Estate

The Company did not own investment real estate at December 31, 2009 or 2008.

G. Investments in Low-Income Housing Tax Credits

The Company did not invest in properties generating low-income housing tax credits during 2009 or 2008.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company did not have investments in joint ventures, partnerships or limited liability companies at December 31, 2009 or 2008.

B. Not applicable.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due is non-admitted.

B. At December 31, 2009 and 2008 there was no non-admitted accrued investment interest income.

8. Derivative Instruments

The Company has no derivative instruments.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A. The components of net deferred tax assets (liabilities) at December 31 are as follows:

	Ordinary	Capital	2009 Total	2008 Total
Gross deferred tax assets	\$ 217,356	\$ -	\$ 217,356	\$ 288,727
Statutory valuation allowance	-	-	-	-
Adjusted gross deferred tax assets	217,356	-	217,356	288,727
Gross deferred tax liabilities	(3,824)	-	(3,824)	(2,535)
Net deferred tax asset before admissibility test	<u>\$ 213,532</u>	<u>\$ -</u>	<u>\$ 213,532</u>	<u>\$ 286,192</u>
Admitted pursuant to Paragraph 10.a	\$ 109,553	\$ -	\$ 109,553	\$ 144,581
Admitted pursuant to Paragraph 10.b	-	-	-	-
Admitted pursuant to Paragraph 10.c	3,824	-	3,824	2,535
Admitted deferred tax asset	113,377	-	113,377	147,116
Deferred tax liability	(3,824)	-	(3,824)	(2,535)
Net admitted deferred tax asset	<u>109,553</u>	<u>-</u>	<u>109,553</u>	<u>144,581</u>
Nonadmitted deferred tax asset	<u>\$ 103,979</u>	<u>\$ -</u>	<u>\$ 103,979</u>	<u>\$ 141,611</u>
Decrease in nonadmitted asset			<u>\$ 37,632</u>	

The Company has not elected to admit deferred tax assets pursuant to paragraph 10.e. Such election was not available in 2008.

B. The Company has no unrecognized deferred tax liabilities at December 31, 2009 and 2008.

C. Current income taxes incurred consist of federal income taxes on operations of \$6,146,430 and \$6,458,162 as of December 31, 2009 and December 31, 2008, respectively.

The components of deferred income taxes at December 31 are as follows:

	2009	2008
Deferred tax assets:		
Accrued future expenses	\$ 958	\$ 5,542
Accounts receivable	215,606	282,692
Claims discount reserve	-	135
Unearned premium reserve	792	358
Total deferred tax assets	217,356	288,727
Nonadmitted deferred tax assets	<u>(103,979)</u>	<u>(141,611)</u>
Admitted deferred tax assets	113,377	147,116
Deferred tax liabilities:		
Investments in securities	(3,824)	(1,290)
Other adjustments	-	(1,245)
Total deferred tax liabilities	<u>(3,824)</u>	<u>(2,535)</u>
Net deferred tax asset	<u>\$ 109,553</u>	<u>\$ 144,581</u>

NOTES TO FINANCIAL STATEMENTS

The changes in deferred tax assets and deferred tax liabilities at December 31 are as follows:

	2009	2008	Change
Total deferred tax assets	\$ 217,356	\$ 288,727	\$ (71,371)
Total deferred tax liabilities	(3,824)	(2,535)	(1,289)
Net deferred tax asset	\$ 213,532	\$ 286,192	(72,660)
Tax effect of unrealized gains (losses)			-
Change in deferred income tax			\$ (72,660)

- D.** The Company's income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory income tax rate of 35% for the year ended December 31 as follows:

	2009	2008
Tax expense computed using federal statutory rate	\$ 6,159,129	\$ 6,454,002
Change in nonadmitted assets	67,086	(248,938)
Tax exempt and dividend received deduction net of proration	(5,902)	(15)
Prior year true-ups and adjustments	(1,223)	-
Other	-	(1)
Total	\$ 6,219,090	\$ 6,205,048
Federal income taxes incurred	\$ 6,146,430	\$ 6,458,162
Change in net deferred income taxes	72,660	(253,114)
Total statutory income taxes	\$ 6,219,090	\$ 6,205,048

E. Operating loss carryforwards:

- The Company has no operating loss carryforwards and no tax credit carryforwards as of December 31, 2009.
- The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

2009	\$6,146,543
2008	\$6,456,895

- The Company has no protective tax deposits as admitted assets under Section 6603 of the Internal Revenue Code December 31, 2009 and 2008.

- F.** The Company and the following entities participate in a tax sharing agreement with WellPoint, Inc. and its subsidiaries. Allocation of federal income taxes is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

NOTES TO FINANCIAL STATEMENTS

Affiliated Healthcare, Inc.	HealthReach Services, Inc.
Affiliated Provider Systems, Inc.	Healthy Alliance Life Insurance Company
AHI Healthcare Corporation	Healthy Homecomings, Inc.
American Imaging Management, Inc.	HMO Colorado, Inc.
American Managing Company	HMO Missouri, Inc.
Anthem Blue Cross Blue Shield Partnership Plan, Inc.	Imaging Management Holdings, LLC
Anthem Blue Cross Life and Health Insurance Company	Imaging Providers of Texas
Anthem Credentialing Services, Inc.	Insurance4 Agency, Inc.
Anthem Financial, Inc.	Lease Partners, Inc.
Anthem Health Insurance Company of Nevada	Machigonne, Inc.
Anthem Health Plans of Kentucky, Inc.	Matthew Thornton Health Plan, Inc.
Anthem Health Plans of Maine, Inc.	Monticello Service Agency, Inc.
Anthem Health Plans of New Hampshire, Inc.	National Capital Preferred Provider Organization, Inc.
Anthem Health Plans of Virginia, Inc.	National Government Services, Inc.
Anthem Health Plans, Inc.	NextRx, Inc.
Anthem HMO of Nevada	NextRx Services, Inc.
Anthem Insurance Companies, Inc.	OneNation Insurance Company
Anthem Life & Disability Insurance Company	Park Square Holdings
Anthem Southeast, Inc.	Park Square I
Anthem UM Services, Inc.	Park Square II
Arcus Enterprises, Inc.	Peninsula Health Care, Inc.
Arcus Bank	Preferred Health Plans of Missouri, Inc.
Arcus Financial Holding Corp.	Priority Healthcare, Inc.
Arcus Financial Services, Inc.	Priority, Inc.
Arcus Healthyliving Services, Inc.	R & P Realty, Inc.
Associated Group, Inc.	Reliance Safeguard Solutions, Inc.
Behavioral Health Network, Inc.	Resolution Health, Inc.
Blue Cross and Blue Shield of Georgia, Inc.	RightCHOICE Insurance Company
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	RightCHOICE Managed Care, Inc.
Blue Cross Blue Shield of Wisconsin	Rocky Mountain Hospital and Medical Service, Inc.
Blue Cross of California	SellCore, Inc.
Blue Cross of California Partnership Plan, Inc.	Southeast Services, Inc.
Cerulean Companies, Inc.	Texas Managed Care Administrative Services, Inc.
Claim Management Services, Inc.	The WellPoint Companies, Inc.
Community Insurance Company	TrustSolutions, LLC
Compcare Health Services Insurance Corporation	UNICARE Health Benefit Services of Texas, Inc.
Comprehensive Integrated Marketing Services, Inc.	UNICARE Health Insurance Company of Texas
Crossroads Acquisition Corp.	UNICARE Health Insurance Company of the Midwest, Inc.
DeCare Analytics, LLC	UNICARE Health Plan of West Virginia, Inc.
DeCare Dental Health International, LLC	UNICARE Health Plans of Georgia, Inc.
DeCare Dental Networks, LLC	UNICARE Health Plan of Kansas, Inc.
DeCare Dental, LLC	UNICARE Health Plans of Texas, Inc.
Dental Claims Administrative Services, Inc.	UNICARE Health Plans of the Midwest, Inc.
Designated Agent Company, Inc.	UNICARE Illinois Services, Inc.
Diversified Life Insurance Agency of Missouri, Inc.	UNICARE Life & Health Insurance Company
EHC Benefits Agency, Inc.	UNICARE National Services, Inc.
Empire HealthChoice Assurance, Inc.	UNICARE of Texas Health Plans, Inc.
Empire HealthChoice HMO, Inc.	UNICARE Specialty Services, Inc.
Forty-Four Forty-Four Forest Park Redevelopment Corporation	United Government Services, LLC
Golden West Health Plan, Inc.	UtiliMed IPA, Inc.
Government Health Services, LLC	WellPoint Behavioral Health, Inc.
Group Benefits Plus, Inc.	WellPoint California Services, Inc.
Health Core, Inc.	WellPoint Dental Services, Inc.
Health Management Corporation	WellPoint Development Company, Inc.
Healthkeepers, Inc.	WellPoint Holding Corp
HealthLink HMO, Inc.	WellPoint Insurance Services, Inc.
HealthLink, Inc.	WellPoint Pharmacy IPA, Inc.

NOTES TO FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship

The Company is a Missouri domiciled stock insurance company and is a wholly-owned subsidiary of HealthLink, Inc. which is a wholly-owned indirect subsidiary of WellPoint, Inc. ("WellPoint"), a publicly traded company.

B. Significant Transactions for Each Period

The following significant transactions took place between the Company and its affiliates:

The Board of Directors of the Company declared an extraordinary dividend in the amount of \$13,000,000 on October 23, 2009. The Department approved this dividend on November 23, 2009 and a payment was made to its parent, HealthLink, Inc., on December 1, 2009.

The Board of Directors of the Company declared an extraordinary dividend in the amount of \$12,000,000 on August 27, 2008. The Department approved this dividend on September 4, 2008 and a payment was made to its parent, HealthLink, Inc., on September 16, 2008.

C. Intercompany Management and Service Arrangements

There were no changes to intercompany management and service arrangements, and there were no additional arrangements entered into during 2009 or 2008. The amounts of transactions under such agreements are included in Schedule Y, Part 2.

D. Amounts Due To or From Related Parties

At December 31, 2009 and 2008, the Company reported \$1,361,428 and \$1,489,583 due from affiliates and \$100,170 and \$62,122 due to affiliates, respectively. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. Guarantees or Contingencies for Related Parties

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

F. Management and Service Agreements and Cost Sharing Arrangements

The Company has entered into administrative services agreements with its affiliated companies. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Direct costs include expenses such as salaries, employee benefits, communications, advertising, consulting services, maintenance, rent, utilities, and supplies which are directly attributable to the Company's operations. Allocated costs include expenses such as salaries, benefit claims and enrollment processing, billing, accounting, underwriting, product development and budgeting, which support the Company's operations. These costs are allocated based on various utilization statistics.

NOTES TO FINANCIAL STATEMENTS

G. Nature of Control Relationships that Could Affect Operations or Financial Position

HealthLink, Inc. owns all outstanding shares of the Company. The Company's ultimate parent is WellPoint.

H. Amount Deducted for Investment in Upstream Company

The Company and its subsidiaries do not own shares of upstream intermediate entities or WellPoint.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

At December 31, 2009 and 2008, the Company did not have investments in affiliates.

J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated Companies

Not applicable.

K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

L. Investment in Downstream Non-insurance Holding Companies

Not applicable.

11. Debt

A. Capital Notes

The Company had no capital notes outstanding at December 31, 2009 and 2008.

B. All Other Debt

The Company had no other debt outstanding at December 31, 2009 and 2008.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

Not applicable – See Note 12D.

B. Defined Contribution Plan

Not applicable – See Note 12D.

C. Multiemployer Plan

The Company does not participate in a multiemployer plan.

NOTES TO FINANCIAL STATEMENTS

D. Consolidated/Holding Company Plans

The Company participates in the WellPoint Cash Balance Pension Plan (the “Plan”) sponsored by ATH Holding Company, LLC (“ATH Holding”), a frozen non-contributory defined benefit pension plan covering most employee of WellPoint, Inc. and its subsidiaries. ATH Holding allocates a share of the total accumulated costs of the Plan to the Company based on the number of allocated employees. During 2009 and 2008, these costs totaled (\$1,975) and (\$633), respectively. The Company has no legal obligation for benefits under the Plan.

The Company participates in a postretirement medical benefit plan, sponsored by ATH Holding providing certain health, life, vision and dental benefits to eligible retirees. ATH Holding allocates a share of the total accumulated costs of this benefit plan to the Company based on the number of allocated employees. During 2009 and 2008, these costs totaled \$2,326 and \$604, respectively. The Company has no legal obligation for the benefits under this plan.

The Company participates in various deferred compensation plans sponsored by WellPoint, Inc. which covers certain employees. The deferred amounts are payable according to the terms and subject to the conditions of said deferred compensation agreements. WellPoint allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees participating in the plan. During 2009 and 2008, these costs totaled \$322 and \$208, respectively. The Company has no legal obligation for benefits under this plan.

The Company participates in the WellPoint 401(K) Retirement Savings Plan, sponsored by ATH Holding and covering substantially all employees. Voluntary employee contributions are matched by ATH Holding subject to certain limitations. ATH Holding allocates a share of the total accumulated costs of the plans to the Company based on the number of allocated employees. During 2009 and 2008, these costs totaled \$7,309 and \$2,079, respectively. The Company has no legal obligation for benefits under this plan.

E. Post Employment Benefits and Compensated Absences

Liabilities for earned not yet taken vacation and severance benefits have been accrued as of December 31, 2009 and 2008.

F. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable.

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

(1) Outstanding Shares

As of December 31, 2009, the Company has 300 shares of \$100 par value common stock authorized. The number of shares issued and outstanding is 10.

(2) Preferred Stock

The Company has no preferred stock outstanding.

NOTES TO FINANCIAL STATEMENTS

(3) Dividend Restrictions

Under Missouri law, there are certain restrictions on the payment of dividends by insurers in a holding company structure. It shall not be lawful for the directors, trustees or managers of any insurance company to make any dividend, except from the surplus profits arising from their business, nor for any company to solicit or do new business, when its assets are less than three-fourths of its liabilities. If the aggregate amount of the payments and other distributions made to shareholders and declared as dividends during a calendar year exceeds one-half percent of the policyowners' surplus, then all of the payments and distributions are fully subject to the rule, including amounts that would otherwise be exempt. In addition the distribution of an extraordinary dividend and payment of a dividend from other than earned surplus requires approval of the Director of the Department.

An extraordinary dividend is defined as one that exceeds the lesser of 10 percent of the insurer's surplus as regards policyholders as of the 31st day of December next preceding, or the net investment income for the twelve month period ending the 31st day of December next preceding, but shall not include pro rata distributions of any class of the insurer's own securities.

(4) Dividends Paid

See Footnote 10B.

(5) Maximum Ordinary Dividend During 2010

Within the limitations of (3) above, the Company may pay \$746,249 in dividends during 2010 without prior approval.

(6) Unassigned Surplus Restrictions

Unassigned surplus funds are not restricted at December 31, 2009.

(7) Mutual Surplus Advances

Not applicable.

(8) Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2009.

(9) Changes in Special Surplus Funds

There are no special surplus funds at December 31, 2009.

(10) Changes in Unassigned Funds

Unassigned funds were not impacted by cumulative unrealized gains and losses at December 31, 2009.

(11) Surplus Notes

The Company has not issued any surplus notes or debentures or similar obligations.

(12) Restatement due to Prior Quasi-reorganizations

The Company had no restatements due to prior quasi-reorganizations.

NOTES TO FINANCIAL STATEMENTS

(13) Quasi-reorganizations over Prior 10 Years

The Company has not been involved in a quasi-reorganization during the past 10 years.

14. Contingencies

A. Contingent Commitments

The Company has no contingent commitments at December 31, 2009.

B. Assessments

Not applicable.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2009.

D. Claims-Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits

Not applicable.

E. All Other Contingencies

The Company is involved in other pending and threatened litigation of the character incidental to the business transacted, arising out of its operations and is from time to time involved as a party in various governmental and administrative proceedings. These investigations, audits and reviews include routine and special investigations by state insurance departments, state attorneys general, the U.S. Attorney General and Federal Agencies. Such investigations could result in the imposition of civil or criminal fines, penalties and other sanctions. The Company believes that any liability that may result from any one of these actions is unlikely to have a material adverse effect on the Company's financial position or results of operations. In addition, the Company maintains direct professional liability coverage.

15. Leases

The Company does not have any leasing arrangements.

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company has no significant financial instruments with off-balance sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2009, there were no significant concentrations.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable at December 31, 2009 and 2008.

NOTES TO FINANCIAL STATEMENTS

B. Transfer and Servicing of Financial Assets

Not applicable at December 31, 2009 and 2008.

C. Wash Sales

1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
2. At December 31, 2009 and 2008, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**A. Administrative Services Only ("ASO") Plans**

The gain/loss from operations from ASO uninsured plans and the uninsured portion of partially insured ASO plans during 2009 was:

	ASO Uninsured Plans
a) Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ 16,751,299
b) Total net other income or expenses (including interest paid to or received from plans)	-
c) Net gains from operations	<u>\$ 16,751,299</u>
d) Total claim payment volume	<u><u>\$ 17,905,752</u></u>

B. Administrative Services Contract Plans

Not applicable at December 31, 2009 and 2008.

C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

Not applicable at December 31, 2009 and 2008.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2009 and 2008.

20. Other Items**A. Extraordinary Items**

Not applicable at December 31, 2009 and 2008.

B. Troubled Debt Restructuring: Debtors

Not applicable at December 31, 2009 and 2008.

NOTES TO FINANCIAL STATEMENTS

C. Other Disclosures

Assets in the amount of \$1,220,634 and \$1,223,171 at December 31, 2009 and 2008, respectively, were on deposit with government authorities or trustees as required by law.

D. Uncollectible Premium Receivables

At December 31, 2009 and 2008, the Company reported admitted assets of \$24,942 and \$28,034, respectively in premium receivables due from policyholders and agents and in receivables due from uninsured plans. Based upon Company experience, any uncollectible premium receivables are not expected to exceed the \$6,620 that was non-admitted at December 31, 2009; therefore no additional provision for uncollectible amounts has been recorded. The potential for any additional loss is not believed to be material to the Company's financial condition.

E. Business Interruption Insurance Recoveries

The Company has reported no recoveries for business interruption for the years ended December 31, 2009 and 2008.

F. State Transferable Tax Credits

The Company did not have state transferable tax credits at December 31, 2009 and 2008.

G. Subprime Mortgage-Related Risk Exposure

- a. The Company consults with its external investment managers to assess its subprime mortgage-related risk exposure. The general categories of information considered in determining exposure are collateral and the structure of the security. Other categories considered in determining the exposure include loan purpose, loan documentation, occupancy, geographical location, loan size and loan type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans.
- b. At December 31, 2009, the Company did not carry investments in subprime mortgage loans in its portfolio.
- c. At December 31, 2009, the Company's investment portfolio did not contain investments with subprime mortgage-related risk exposure.
- d. The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2009.

21. Events Subsequent

There were no events occurring subsequent to December 31, 2009 requiring disclosure. Subsequent events have been considered through February 24, 2010 for the statutory statement issued on February 26, 2010.

22. Reinsurance

A. Ceded Reinsurance Report

NOTES TO FINANCIAL STATEMENTS

Section 1 – General Interrogatories

1. Are any of the reinsurers that are listed in Schedule S as non-affiliated owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)

2. Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U. S. Branches of such companies) that is owned in excess of 10% or controlled, directly or indirectly, by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

2. Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$2,539

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at December 31, 2009 and 2008.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during 2009 and 2008.

NOTES TO FINANCIAL STATEMENTS

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

The Company has no retrospectively rated contracts.

24. Change in Incurred Claims and Claim Adjustment Expenses

Not applicable.

25. Intercompany Pooling Arrangements

Not applicable at December 31, 2009 and 2008.

26. Structured Settlements

Not applicable at December 31, 2009 and 2008.

27. Health Care Receivables**A. Pharmaceutical Rebate Receivables**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements (1)	Pharmacy Rebates as Billed or Otherwise Confirmed (2)	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
4 th Qtr 2009	\$ 371				
3 rd Qtr 2009	450	\$ 29,333	\$ 4,762		
2 nd Qtr 2009	-	32,348	28,050	\$ 826	
1 st Qtr 2009	291	30,464	25,609	2,728	\$ 86
4 th Qtr 2008	254	21,438	17,540	2,166	1,074
3 rd Qtr 2008	259	18,118	13,176	3,601	1,275
2 nd Qtr 2008	288	18,409	14,404	3,637	902
1 st Qtr 2008	258	21,529	13,587	4,829	925
4 th Qtr 2007	22,939	24,697	18,083	4,681	934
3 rd Qtr 2007	18,701	37,465	20,649	12,123	4,160
2 nd Qtr 2007	32,867	51,295	30,051	18,771	1,014
1 st Qtr 2007	33,272	47,225	26,508	15,634	565

(1) Quarterly rebate accrued in general ledger

(2) Quarterly rebate billed 2 months after quarter-end

B. Risk Sharing Receivables

Not applicable at December 31, 2009 and 2008.

28. Participating Policies

Not applicable at December 31, 2009 and 2008.

NOTES TO FINANCIAL STATEMENTS

29. Premium Deficiency Reserves

The Company did not record premium deficiency reserves at December 31, 2009 and 2008.

30. Anticipated Subrogation and Other Recoveries

Not applicable at December 31, 2009 and 2008.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []

1.3

State Regulating?

Missouri

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2007

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2007

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/21/2009

3.4

By what department or departments?
Missouri Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [X] No [] N/A []

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

Yes [] No [X]

4.12 renewals?

Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

Yes [] No [X]

4.22 renewals?

Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

5.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [X] No []

6.2

If yes, give full information:
Illinois - The Annual Report was not filed timely in 2008, therefore a reinstatement of the corporate registration with the secretary of state was required. HealthLink-HMO was reinstated April 21, 2009.

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,

7.21 State the percentage of foreign control;

%

7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [X] No []
- 8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
ARCUS Bank	Salt Lake City, UT	NO	NO	NO	YES	NO

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young, LLP
111 Monument Circle, Suite 2600
Indianapolis, IN 46204
10.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Cheryl Allari, FSA, MAAA, VP and Valuation Actuary for WellPoint, Inc. officer/employee
4361 Irwin Simpson Road
Mason, OH 45040
- 11.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]

11.11

Name of real estate holding company

11.12

Number of parcels involved

11.13

Total book/adjusted carrying value

\$
- 11.2

If, yes provide explanation:
.....

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

- 12.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 12.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 12.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 12.4

If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 13.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.
- 13.11

If the response to 13.1 is No, please explain:
.....
- 13.2

Has the code of ethics for senior managers been amended?

Yes [X] No []
- 13.21

If the response to 13.2 is Yes, provide information related to amendment(s).
All WellPoint associates, including senior management, are bound by the WellPoint Standards of Ethical Business Conduct (the "Code"). Annually, the Ethics and Compliance Department reviews the Code for new topics, changes in policies and/or new policies. Any changes that are ultimately made to the Code during the annual review process must be approved by senior management, the Audit Committee, and the WellPoint Board of Directors. The Code was revised in May of 2009 to include the following enhancements: 1) increased readability by structuring simpler sentences and providing more graphics, 2) added a section to highlight the purpose of the Code, 3) added a separate section on the Sexual Harassment policy, 4) added a section on the Environment, and 5) added a section on Procurement.
- 13.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 13.31

If the response to 13.3 is Yes, provide the nature of any waiver(s).
.....

BOARD OF DIRECTORS

14.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
15.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
16.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?

Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

GENERAL INTERROGATORIES

FINANCIAL

17.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]

18.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

18.11 To directors or other officers

\$ 0

18.12 To stockholders not officers

\$ 0

18.13 Trustees, supreme or grand (Fraternal Only)

\$ 0

18.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

18.21 To directors or other officers

\$ 0

18.22 To stockholders not officers

\$ 0

18.23 Trustees, supreme or grand (Fraternal Only)

\$ 0

19.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]

19.2

If yes, state the amount thereof at December 31 of the current year:

19.21 Rented from others

\$

19.22 Borrowed from others

\$

19.23 Leased from others

\$

19.24 Other

\$

20.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [] No [X]

20.2

If answer is yes,

20.21 Amount paid as losses or risk adjustment

\$

20.22 Amount paid as expenses

\$

20.23 Other amounts paid

\$

21.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [X] No []

21.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 990,756

INVESTMENT

22.1

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3)

Yes [] No [X]

22.2

If no, give full and complete information relating thereto:
The Company has securities on deposit with various State Department of Insurnace offices.

22.3

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 16 where this information is also provided)

22.4

Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes [] No [] N/A [X]

22.5

If answer to 22.4 is YES, report amount of collateral.

\$

22.6

If answer to 22.4 is NO, report amount of collateral.

\$

23.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3).

Yes [X] No []

23.2

If yes, state the amount thereof at December 31 of the current year:

23.21 Subject to repurchase agreements

\$

23.22 Subject to reverse repurchase agreements

\$

23.23 Subject to dollar repurchase agreements

\$

23.24 Subject to reverse dollar repurchase agreements

\$

23.25 Pledged as collateral

\$

23.26 Placed under option agreements

\$

23.27 Letter stock or other securities restricted as to sale

\$

23.28 On deposit with state or other regulatory body

\$ 1,220,634

23.29 Other

\$

23.3 For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

24.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No [X]

24.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No [] N/A [X]

25.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No [X]

25.2

If yes, state the amount thereof at December 31 of the current year.

\$

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

GENERAL INTERROGATORIES

26. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York Mellon Corporation	New York, NY

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes [] No [X]

26.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

26.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
113878	McDonnell Investment Management, LLC	Oak Brook, IL

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
27.2999 - Total		0

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

GENERAL INTERROGATORIES

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted)		Excess of Statement
	Value	Fair Value	over Fair Value (-), or
			Fair Value over
			Statement (+)
28.1 Bonds	24,066,309	25,140,054	1,073,745
28.2 Preferred stocks			0
28.3 Totals	24,066,309	25,140,054	1,073,745

28.4 Describe the sources or methods utilized in determining the fair values:
Fair values were obtained from a third-party pricing source, Bank of New York Mellon Corporation.

29.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

29.2 If yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D: If a security was not priced by the third-party pricing source, internal analytical systems or brokers quotes were utilized.

30.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

30.2 If no, list exceptions:

OTHER

31.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

31.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
.....

32.1 Amount of payments for legal expenses, if any?\$1,259

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
Hogan & Hartson LLP	393
.....

33.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$4

33.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

33.2

Note: Lobbying expenses disclosed reflect amounts reported in the Lobbyist Disclosure Reports filed with the Secretary of State as well as the cost of external contractors who provided lobbying services to the Company. The amount may include expenses that may have been paid by an affiliate on behalf of the Company and, as a result, may not be included in the Underwriting Gain reported on page 4 of the 2009 Annual Statement.

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U. S. business only

\$

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$0

1.62

Total incurred claims

\$0

1.63

Number of covered lives

.....0

All years prior to most current three years

1.64

Total premium earned

\$0

1.65

Total incurred claims

\$0

1.66

Number of covered lives

.....0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$0

1.72

Total incurred claims

\$0

1.73

Number of covered lives

.....0

All years prior to most current three years

1.74

Total premium earned

\$0

1.75

Total incurred claims

\$0

1.76

Number of covered lives

.....0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

75,070

106,017

2.2

Premium Denominator

75,070

106,017

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

0

.....

2.5

Reserve Denominator

0

0

2.6

Reserve Ratio (2.4/2.5)

0.000

0.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2

If no, explain
HealthLink HMO ceded the risk to the contracted Payor, who may carry stop-loss reinsurance.

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$0

5.32

Medical Only

\$0

5.33

Medicare Supplement

\$0

5.34

Dental & Vision

\$0

5.35

Other Limited Benefit Plan

\$0

5.36

Other

\$0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
All HealthLink HMO provider agreements include Hold Harmless provisions that prohibit pursuit of collection activities against HMO members for HMO covered services.

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?.....

Yes [X] No []

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

21,858

8.2

Number of providers at end of reporting year

24,646

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months..

\$

9.22

Business with rate guarantees over 36 months

\$

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2

If yes:

10.21

Maximum amount payable bonuses

\$ 0

10.22

Amount actually paid for year bonuses

\$ 0

10.23

Maximum amount payable withholds

\$ 0

10.24

Amount actually paid for year withholds

\$ 0

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model

Yes [] No [X]

11.13

An Individual Practice Association (IPA), or,

Yes [X] No []

11.14

A Mixed Model (combination of above)?

Yes [] No [X]

11.2

Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [X] No []

11.3

If yes, show the name of the state requiring such net worth

Missouri

11.4

If yes, show the amount required

\$ 300,000

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6

If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
BENTON, AR; CARROLL, AR; CRAIGHEAD, AR; CRAWFORD, AR; GARLAND, AR; INDEPENDENCE, AR;
JACKSON, AR; LOGAN, AR; PULASKI, AR; RANDOLPH, AR; SALINE, AR; SEBASTIAN, AR;
SHARP, AR; WASHINGTON, AR; WHITE, AR; ALEXANDER, IL; BOND, IL; CALHOUN, IL;
CASS, IL; CHRISTIAN, IL; CLAY, IL; CLINTON, IL; DE WITT, IL; FAYETTE, IL;
FRANKLIN, IL; FULTON, IL; GALLATIN, IL; GREENE, IL; HAMILTON, IL; HARDIN, IL;
JACKSON, IL; JEFFERSON, IL; JERSEY, IL; JOHNSON, IL; KNOX, IL; LOGAN, IL;
MACON, IL; MACOUPIN, IL; MADISON, IL; MARION, IL; MARSHALL, IL; MASON, IL;
MASSAC, IL; MENARD, IL; MONROE, IL; MONTGOMERY, IL; MORGAN, IL; MOULTRIE, IL;
PEORIA, IL; PERRY, IL; PIATT, IL; POPE, IL; PULASKI, IL; PUTNAM, IL;
RANDOLPH, IL; SALINE, IL; SANGAMON, IL; SCOTT, IL; ST. CLAIR, IL; STARK, IL;
TAZEVELL, IL; UNION, IL; WASHINGTON, IL; WAYNE, IL; WILLIAMSON, IL; WOODFORD, IL;
ADAIR, MO; AUDRAIN, MO; BARRY, MO; BOONE, MO; CALLAWAY, MO; CAMDEN, MO;
CHARITON, MO; CHRISTIAN, MO; CLARK, MO; COLE, MO; COOPER, MO; CRAWFORD, MO;
DADE, MO; DALLAS, MO; DOUGLAS, MO; DUNKLIN, MO; FRANKLIN, MO; GASCONADE, MO;
GREENE, MO; HOWARD, MO; IRON, MO; JASPER, MO; JEFFERSON, MO; KNOX, MO;
LACLEDE, MO; LAWRENCE, MO; LEWIS, MO; LINCOLN, MO; LINN, MO; MACON, MO;
MADISON, MO; MARIES, MO; McDONALD, MO; MILLER, MO; MONITEAU, MO; MONROE, MO;
MONTGOMERY, MO; MORGAN, MO; NEW MADRID, MO; NEWTON, MO; OSAGE, MO; PEMISCOT, MO;
PERRY, MO; PETTIS, MO; PIKE, MO; PUTNAM, MO; RANDOLPH, MO; SALINE, MO;
SCHUYLER, MO; SCOTLAND, MO; ST. CHARLES, MO; ST. FRANCOIS, MO; ST. LOUIS, MO; ST. LOUIS CITY, MO;
STE. GENEVIEVE, MO; STONE, MO; SULLIVAN, MO; WARREN, MO; WASHINGTON, MO; WEBSTER, MO;
WRIGHT, MO;

13.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$

13.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4

If yes, please provide the balance of funds administered as of the reporting date.

\$

FIVE-YEAR HISTORICAL DATA

	1 2009	2 2008	3 2007	4 2006	5 2005
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	23,620,992	26,700,640	25,662,691	27,963,991	15,395,259
2. Total liabilities (Page 3, Line 22)	653,462	2,340,837	699,107	3,377,434	644,122
3. Statutory surplus	300,000	300,000	300,000	150,000	150,000
4. Total capital and surplus (Page 3, Line 31)	22,967,530	24,359,804	24,963,584	24,586,557	14,751,137
Income Statement (Page 4)					
5. Total revenues (Line 8)	100,341	143,914	18,807,293	19,297,995	17,745,853
6. Total medical and hospital expenses (Line 18)	0	5,181	1,144,446	2,762,641	2,735,258
7. Claims adjustment expenses (Line 20)	247,709	64,874	2,173	248,632	236,851
8. Total administrative expenses (Line 21)	(16,998,629)	(17,363,183)	1,074,332	1,522,828	1,914,678
9. Net underwriting gain (loss) (Line 24)	16,851,261	17,437,042	16,586,342	14,763,894	12,859,066
10. Net investment gain (loss) (Line 27)	746,249	1,002,964	1,454,215	873,507	555,005
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	11,451,080	11,981,844	11,929,371	10,004,042	8,942,720
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	9,717,703	13,690,060	12,505,664	9,654,603	9,500,002
Risk-Based Capital Analysis					
14. Total adjusted capital	22,967,530	24,359,804	24,963,584	24,586,557	14,751,137
15. Authorized control level risk-based capital	775,418	757,242	757,692	868,864	758,508
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	21	22	1,147	3,020	10,219
17. Total members months (Column 6, Line 7)	261	264	23,363	84,739	109,055
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	0.0	4.9	331.1	164.1	116.4
20. Cost containment expenses	327.6	56.4	0.4	14.8	10.1
21. Other claims adjustment expenses	2.3	4.8	0.3	0.0	0.0
22. Total underwriting deductions (Line 23)	(22,313.7)	(16,311.7)	642.6	269.2	207.9
23. Total underwriting gain (loss) (Line 24)	22,447.4	16,447.4	4,799.0	876.7	547.1
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	0	5,181	(16,961)	132,893	162,631
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	0	0	572,225	132,893	166,919
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)		0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)		0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

If no, please explain:

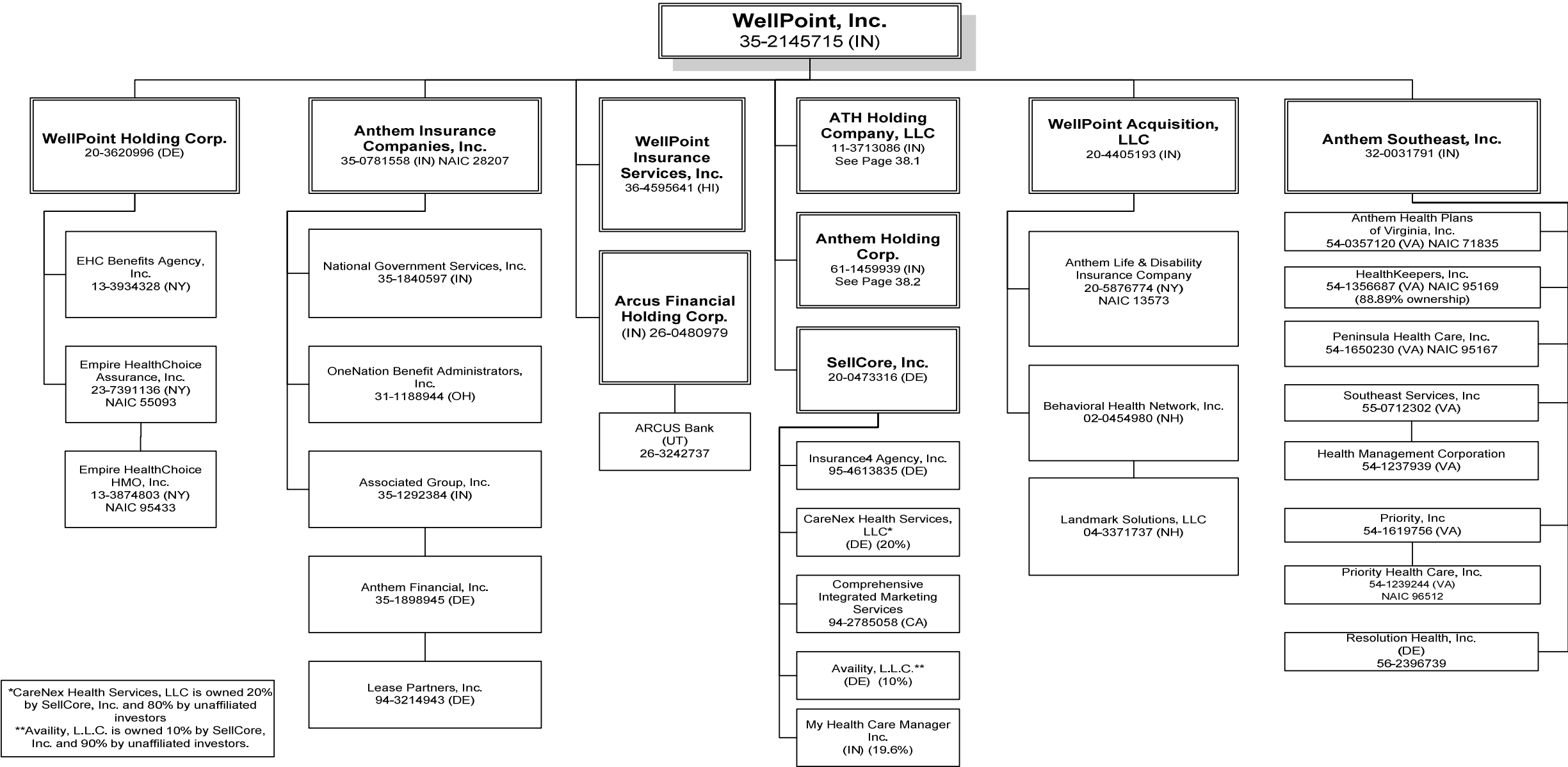
Yes [] No []

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

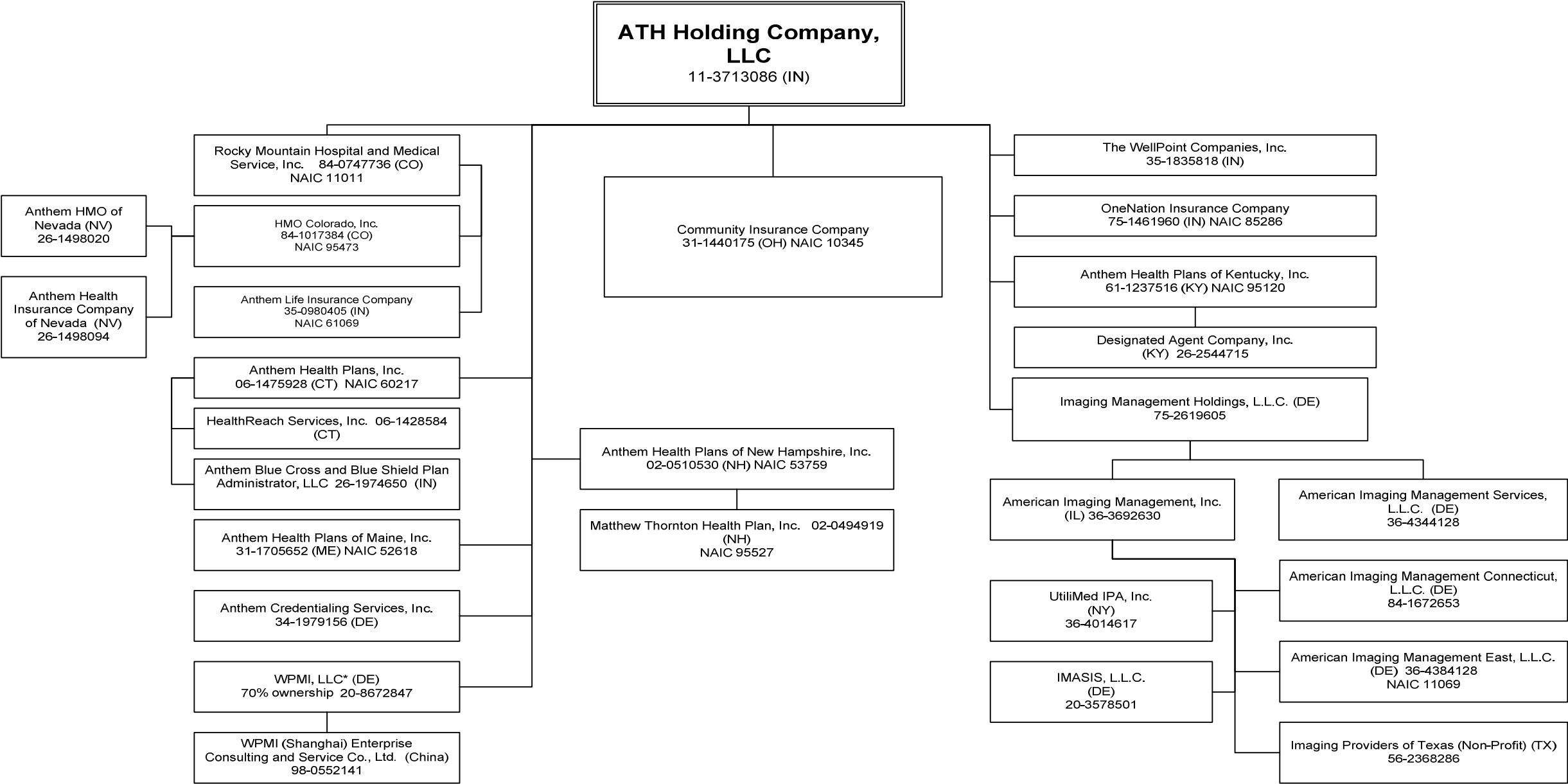
Allocated by States and Territories									
States, etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N						0	
2. Alaska	AK	N						0	
3. Arizona	AZ	N						0	
4. Arkansas	AR	L						0	
5. California	CA	N						0	
6. Colorado	CO	N						0	
7. Connecticut	CT	N						0	
8. Delaware	DE	N						0	
9. District of Columbia	DC	N						0	
10. Florida	FL	N						0	
11. Georgia	GA	N						0	
12. Hawaii	HI	N						0	
13. Idaho	ID	N						0	
14. Illinois	IL	L						0	
15. Indiana	IN	N						0	
16. Iowa	IA	N						0	
17. Kansas	KS	N						0	
18. Kentucky	KY	N						0	
19. Louisiana	LA	N						0	
20. Maine	ME	N						0	
21. Maryland	MD	N						0	
22. Massachusetts	MA	N						0	
23. Michigan	MI	N						0	
24. Minnesota	MN	N						0	
25. Mississippi	MS	N						0	
26. Missouri	MO	L	145,294					145,294	
27. Montana	MT	N						0	
28. Nebraska	NE	N						0	
29. Nevada	NV	N						0	
30. New Hampshire	NH	N						0	
31. New Jersey	NJ	N						0	
32. New Mexico	NM	N						0	
33. New York	NY	N						0	
34. North Carolina	NC	N						0	
35. North Dakota	ND	N						0	
36. Ohio	OH	N						0	
37. Oklahoma	OK	N						0	
38. Oregon	OR	N						0	
39. Pennsylvania	PA	N						0	
40. Rhode Island	RI	N						0	
41. South Carolina	SC	N						0	
42. South Dakota	SD	N						0	
43. Tennessee	TN	N						0	
44. Texas	TX	N						0	
45. Utah	UT	N						0	
46. Vermont	VT	N						0	
47. Virginia	VA	N						0	
48. Washington	WA	N						0	
49. West Virginia	WV	N						0	
50. Wisconsin	WI	N						0	
51. Wyoming	WY	N						0	
52. American Samoa	AS	N						0	
53. Guam	GU	N						0	
54. Puerto Rico	PR	N						0	
55. U.S. Virgin Islands	VI	N						0	
56. Northern Mariana Islands	MP	N						0	
57. Canada	CN	N						0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX	145,294	0	0	0	0	0	145,294	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0	
61. Totals (Direct Business)	(a) 3	145,294	0	0	0	0	0	145,294	0
DETAILS OF WRITE-INS									
5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

Explanation of basis of allocation by states, premiums by state, etc.
Premium amounts are allocated based on residence of insured.
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

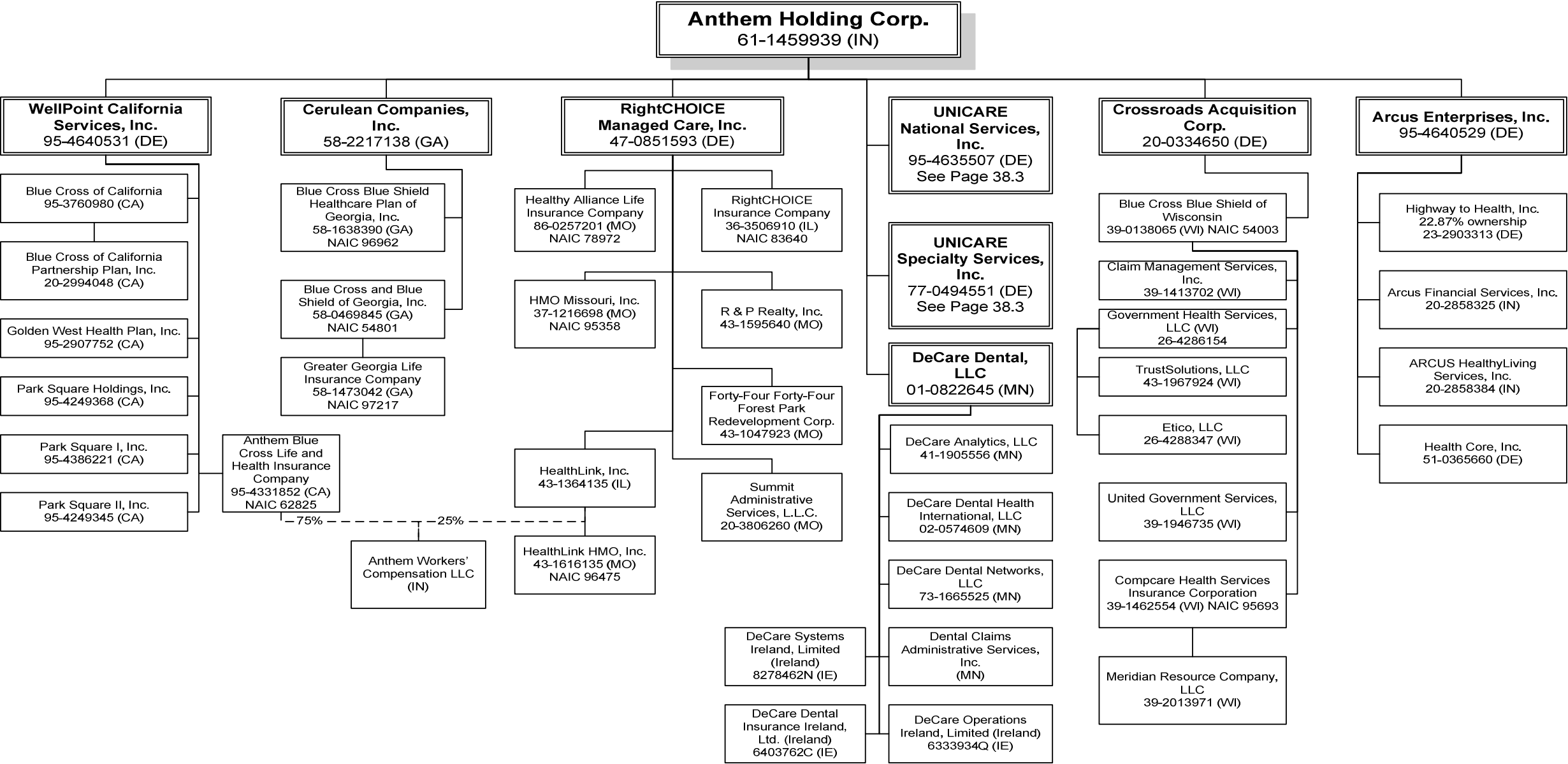


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



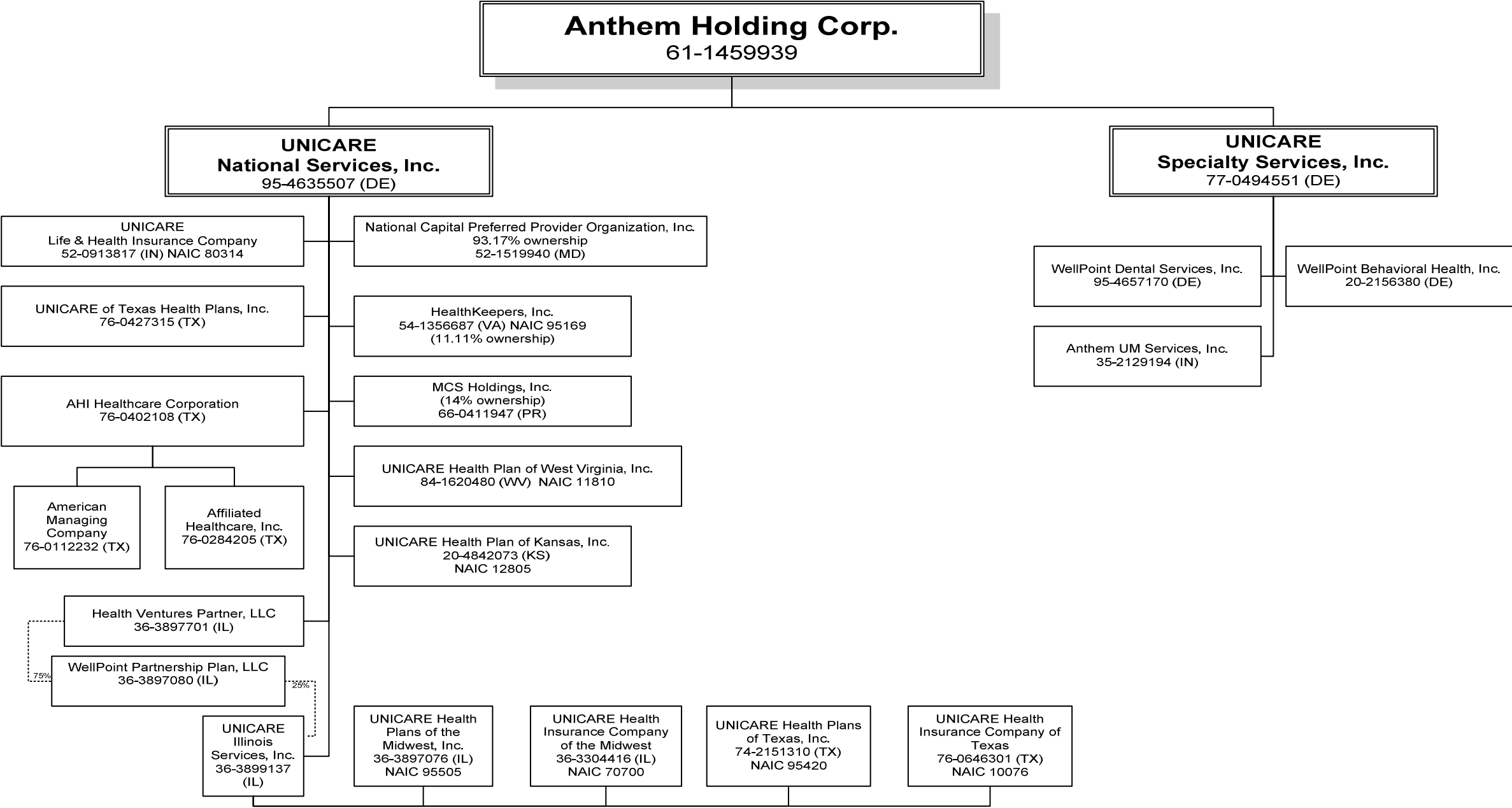
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

38.2



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

38.3



OVERFLOW PAGE FOR WRITE-INS

NONE

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